

## “FEE ADDRESS” INDICATION FORM

**Address to:**  
**Mail Stop M Correspondence**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**Fax to:**  
**571-273-6500**

- OR -

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the “Fee Address” under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: 10291

**OR**

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/075,715

Completed by (check one):

<input type="checkbox"/>	Applicant/Inventor	<u>/James F. Kamp/</u> Signature
<input checked="" type="checkbox"/>	Attorney or Agent of record <u>41,882</u> (Reg. No.)	<u>James F. Kamp</u> Typed or printed name
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<u>(248) 594-0656</u> Requester's telephone number
<input type="checkbox"/>	Assignee recorded at Reel <u>            </u> Frame <u>            </u>	<u>December 4, 2009</u> Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

### Fee Address Indication Form

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 4, 2009

Electronic Signature for James F. Kamp: /James F. Kamp/